



# CALIFORNIA Highway Patrol



## **Drug Recognition Evaluator Program Request for student enrollment**

**Upon completion of this form, fax to the CHP DRE Unit at (916) 376-3333.**

Date of Request: \_\_\_\_\_

Date of Class: \_\_\_\_\_

Location of Class: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_

Student Phone Number (Home): \_\_\_\_\_

Student Phone Number (Work): \_\_\_\_\_

Student Phone Number (Cell/Pager): \_\_\_\_\_

Date of SFST Training Course: \_\_\_\_\_

*(Fax certificate of completion with this request.)*

Participating Agency: \_\_\_\_\_

Agency DRE Coordinator's Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Agency Fax Phone Number: \_\_\_\_\_

*The above student has successfully completed a Standardized Field Sobriety Test (SFST) training course and is currently utilizing and is proficient in the standards set forth by the National Highway Traffic Safety Administration, Driving Under the Influence Curriculum. Additionally, the participating Agency and Student agrees to the requirements of this program set forth in the National Standards. The standards include completion of the DRE classroom training (80 hours) the DRE Field Certification Training (approximately 40 hours) and biannual re-certification.*

***The student is not enrolled in a class until you receive a confirmation fax confirming the student's enrollment.***

For CHP Use Only

☐ Approved      Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Denied      Reason \_\_\_\_\_